## Case 09-14888-lbr Doc 5 Entered 04/01/09 11:41:42 Page 1 of 8

B22C (Official Form 22C) (Chapter 13) (01/08)

In re Rigoberto Perez	According to the calculations required by this statement:
Debtor(s)	■ The applicable commitment period is 3 years.
Case Number:	☐ The applicable commitment period is 5 years.
(If known)	☐ Disposable income is determined under § 1325(b)(3).
	■ Disposable income is not determined under § 1325(b)(3).
	(Check the boxes as directed in Lines 17 and 23 of this statement.)

## CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. REPORT OF INCOME									
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.									
1	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.									
	b. $\square$ Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.									
		gures must reflect average monthly income re						Column A		Column B
	calendar months prior to filing the bankruptcy case, ending on the last day of the month before							Debtor's		Spouse's
	the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.							Income		Income
2	1	s wages, salary, tips, bonuses, overtime, con		•			\$	2,563.75	\$	
		me from the operation of a business, profess			t I i	ne h from Line a and	φ	2,303.73	φ	
		the difference in the appropriate column(s) of								
		ession or farm, enter aggregate numbers and pr								
		per less than zero. Do not include any part of luction in Part IV.	f the	e business expense	es e	ntered on Line b as				
3	a ded	iuction in Part IV.		Debtor	1	Spouse				
	a.	Gross receipts	\$	0.00	\$	Spouse				
	b.	Ordinary and necessary business expenses	\$	0.00						
	c.	Business income	Su	btract Line b from	Lin	e a	\$	0.00	\$	
	Rents and other real property income. Subtract Line b from Line a and enter the difference in									
		ppropriate column(s) of Line 4. Do not enter								
	part	of the operating expenses entered on Line b	as		rt I					
4	a.	Gross receipts	\$	Debtor <b>0.00</b>	\$	Spouse				
	b.	Ordinary and necessary operating expenses	\$	0.00						
	c.	Rent and other real property income		ibtract Line b from		ne a	\$	0.00	\$	
5	Inter	est, dividends, and royalties.					\$	0.00		
-		ion and retirement income.								
6							\$	0.00	\$	
		amounts paid by another person or entity, on nses of the debtor or the debtor's dependent								
7		ose. Do not include alimony or separate main								
	debtor's spouse.					\$	0.00	\$		
		nployment compensation. Enter the amount i								
	However, if you contend that unemployment compensation received by you or your spouse was a									
benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:										
		•				1				
		Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$					\$	0.00	¢	
	14—	· .		1			Ψ	0.00	Ψ	

9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.  Debtor Spouse					
	a.   \$   \$   \$   b.   \$   \$   \$   \$   \$   \$   \$   \$   \$	00 \$				
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).  2,563.7					
11	<b>Total.</b> If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.		2,563.75			
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD					
12	Enter the amount from Line 11	\$	2,563.75			
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.					
	a.					
	c. \$					
	Total and enter on Line 13	\$	0.00			
14	Subtract Line 13 from Line 12 and enter the result.	\$	2,563.75			
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.					
16	<b>Applicable median family income.</b> Enter the median family income for applicable state and household size. (This information is available by family size at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)					
	a. Enter debtor's state of residence: NV b. Enter debtor's household size: 1	\$	48,194.00			
	Application of § 1325(b)(4). Check the applicable box and proceed as directed.					
17	■ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment pot top of page 1 of this statement and continue with this statement.	eriod i	s 3 years" at the			
	☐ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment at the top of page 1 of this statement and continue with this statement.	nt peri	od is 5 years"			
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME					
18	Enter the amount from Line 11.	\$	2,563.75			
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.    A					
	C. \$					
	Total and enter on Line 19.	\$	0.00			
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$	2,563.75			

21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.						20 by the number 12 and	\$	30,765.00
22	Applicable median family income. Enter the amount from Line 16.						\$	48,194.00	
	Application of § 1325(b)(3). Check the applicable box and proceed as directed.							Ψ	10,101100
23	☐ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is detern 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.							ined ur	nder §
		e amount on Line 21 is not 25(b)(3)" at the top of page							
		Part IV. CA	ALCULATION (	OF I	EDU	CTIONS FR	OM INCOME		
		Subpart A: De	eductions under Star	ndar	ds of th	ne Internal Reve	enue Service (IRS)		
24A	Enter is	al Standards: food, appar in Line 24A the "Total" amount ible household size. (This in ptcy court.)	ount from IRS National	Stand	ards for	Allowable Living	Expenses for the	\$	
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.								
	House	ehold members under 65 y	ears of age	Hou	sehold	members 65 years	of age or older		
	a1.	Allowance per member		a2.	Allow	ance per member			
	b1.	Number of members		b2.	Numb	er of members			
	c1.	Subtotal		c2.	Subtot	al		\$	
25A	Utilitie	Standards: housing and ut as Standards; non-mortgage ale at <u>www.usdoj.gov/ust/</u> oz	expenses for the applic	able c	ounty a	nd household size.		\$	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.  a. IRS Housing and Utilities Standards; mortgage/rent Expense  b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47  c. Net mortgage/rental expense  Subtract Line b from Line a.								
	1	Standards: housing and ut		VOULC	ontend		-	\$	
26	25B do Standa	bes not accurately compute to the contract of	the allowance to which	you a	re entitl	ed under the IRS I	Iousing and Utilities	\$	

27A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7.   0 1 2 or more.					
	If you checked 0, enter on Line 27A the "Public Transportation" amount Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a>	\$				
27B	<b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)					
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) □ 1 □ 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs \$ Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 47 \$ Subtract Line b from Line a.					
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle  b. 2, as stated in Line 47  c. Net ownership/lease expense for Vehicle 2  Subtract Line b from Line a.					
30	Other Necessary Expenses: taxes. Enter the total average monthly estate, and local taxes, other than real estate and sales taxes, such as increase security taxes, and Medicare taxes. Do not include real estate or sales	xpense that you actually incur for all federal, come taxes, self employment taxes, social	\$			
31	Other Necessary Expenses: mandatory deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.					
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.					
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.					
34	Other Necessary Expenses: education for employment or for a phythe total average monthly amount that you actually expend for education that is required for a physically or mentally challenged depoproviding similar services is available.	ion that is a condition of employment and for	\$			
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. <b>Do</b>		4			

5

36	Other Necessary Expenses: health care. Enter the avecare that is required for the health and welfare of yourse or paid by a health savings account, and that is in excess payments for health insurance or health savings acco	\$			
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.				
38	Total Expenses Allowed under IRS Standards. Enter	the total of Lines 24 through 37.	\$		
	Subpart B: Addition	onal Living Expense Deductions			
	Note: Do not include any exp	penses that you have listed in Lines 24-37			
	Health Insurance, Disability Insurance, and Health S the categories set out in lines a-c below that are reasona dependents	davings Account Expenses. List the monthly expenses in bly necessary for yourself, your spouse, or your			
39	a. Health Insurance	\$			
	b. Disability Insurance	\$			
	c. Health Savings Account	\$			
	Total and enter on Line 39		\$		
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$				
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.				
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				
42	Home energy costs. Enter the total average monthly are Standards for Housing and Utilities, that you actually extrustee with documentation of your actual expenses, a claimed is reasonable and necessary.	\$			
43	Education expenses for dependent children under 18 actually incur, not to exceed \$137.50 per child, for atter school by your dependent children less than 18 years of documentation of your actual expenses, and you mus necessary and not already accounted for in the IRS S	\$			
44	Additional food and clothing expense. Enter the total a expenses exceed the combined allowances for food and Standards, not to exceed 5% of those combined allowance from the clerk of the bankruptcy court.) You must dreasonable and necessary.	\$			
45	<b>Charitable contributions.</b> Enter the amount reasonably contributions in the form of cash or financial instrument 170(c)(1)-(2). <b>Do not include any amount in excess of</b>	ts to a charitable organization as defined in 26 U.S.C. §	\$		
46	Total Additional Expense Deductions under § 707(b)	Enter the total of Lines 39 through 45.	\$		
			Ψ		

			<b>Subpart C: Deductions for De</b>	bt I	Payment		
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.						
		Name of Creditor	Property Securing the Debt	\$	Average Monthly Payment	Does payment include taxes or insurance	
	a.				otal: Add Lines	□yes □no	\$
Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.  Name of Creditor  Property Securing the Debt  1/60th of the Cure Amount							
	a.				\$	Total: Add Lines	\$
49	prior	ity tax, child support and alim	claims. Enter the total amount, divided ony claims, for which you were liable at uch as those set out in Line 33.		0, of all priority	claims, such as	\$
50	Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.  a. Projected average monthly Chapter 13 plan payment.  b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)						
51	C.		rative expense of Chapter 13 case ent. Enter the total of Lines 47 through 5		nai. Multiply En	ites a and b	\$
J1	1014	2 Couclins for Dent Laying	Subpart D: Total Deductions f		ı Income		\$
52	Total	Lof all deductions from inco			i income		¢
32	52 Total of all deductions from income. Enter the total of Lines 38, 46, and 51.  Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)						
52 Tatal amount monthly income E + 41							
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.						\$
55	wage		Enter the monthly total of (a) all amount d retirement plans, as specified in § 541(b) cified in § 362(b)(19).				\$
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.					\$	

	Deduction for special circumstances. If there are special of there is no reasonable alternative, describe the special circumstances, list additional entries on a separate page. Total provide your case trustee with documentation of these expectations.	ow. ust	
	of the special circumstances that make such expense nec		
57	Nature of special circumstances	Amount of Expense	
	a.	\$	_
	b.	\$	<b> </b>
	c.	\$ Total: Add Lines	<u> </u>
			\$
58	<b>Total adjustments to determine disposable income.</b> Add result.	the amounts on Lines 54, 55, 56, and 57 and enter the	ne \$
59	Monthly Disposable Income Under § 1325(b)(2). Subtract	ct Line 58 from Line 53 and enter the result.	\$
	Part VI. ADDITIO	ONAL EXPENSE CLAIMS	
	r the health and welfare me under § age monthly expense for		
60	Expense Description	Monthly Amo	unt
00	a.	\$	
	b.	\$	
	c.	\$	
	d.	\$	
	Total: Add I	Lines a, b, c and d \$	
	Part VII.	. VERIFICATION	
	I declare under penalty of perjury that the information proving must sign.)  Date: April 1, 2009	vided in this statement is true and correct. (If this is a Signature: /s/ Rigoberto Perez	joint case, both debtors
61	Date. <b>April 1, 2003</b>	Rigoberto Perez	
		(Debtor)	

## **Current Monthly Income Details for the Debtor**

## **Debtor Income Details:**

Income for the Period 10/01/2008 to 03/31/2009.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$25,116.60 from check dated 9/30/2008. Ending Year-to-Date Income: \$32,331.38 from check dated 12/31/2008.

This Year:

Current Year-to-Date Income: **\$8,167.69** from check dated **3/31/2009**.

Income for six-month period (Current+(Ending-Starting)): \$15,382.47.

Average Monthly Income: \$2,563.75.